

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: AMIDOPYRAZOLE DERIVATIVE
Attorney Docket Number:: 293070US0PCT

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Naoaki
Family Name:: KANAYA
City of Residence:: Edogawa-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: c/o Daiichi Pharmaceutical Co., Ltd.,
Tokyo R & D Center, 16-13, Kita-Kasai 1-chome
City of Mailing Address:: Edogawa-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 134-8630

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Takashi
Family Name:: ISHIYAMA
City of Residence:: Edogawa-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: c/o Daiichi Pharmaceutical Co., Ltd.,
Tokyo R & D Center, 16-13, Kita-Kasai 1-chome
City of Mailing Address:: Edogawa-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 134-8630

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Ryo
Family Name::	MUTO
City of Residence::	Edogawa-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Daiichi Pharmaceutical Co., Ltd., Tokyo R & D Center, 16-13, Kita-Kasai 1- chome
City of Mailing Address::	Edogawa-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	134-8630
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Yuichi
Family Name::	OCHIAI
City of Residence::	Edogawa-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Daiichi Pharmaceutical Co., Ltd., Tokyo R & D Center, 16-13, Kita-Kasai 1- chome
City of Mailing Address::	Edogawa-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	134-8630

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Toshiyuki
Family Name::	WATANABE
City of Residence::	Edogawa-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Daiichi Pharmaceutical Co., Ltd., Tokyo R & D Center, 16-13, Kita-Kasai 1- chome
City of Mailing Address::	Edogawa-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	134-8630
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Noriko
Family Name::	SHIMA
City of Residence::	Edogawa-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Iwakura Hospital, 7-27-22, Minamikoiwa
City of Mailing Address::	Edogawa-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	133-0056

CORRESPONDENCE INFORMATION

Correspondence Customer Number::	22850
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REPRESENTATIVE INFORMATION

Representative Customer Number::	22850
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP04/19582	12/27/04

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2003-434726	Japan	12/26/03	YES
2004-012154	Japan	01/20/04	YES
2004-321117	Japan	11/04/04	YES

ASSIGNMENT INFORMATION

Assignee Name:: DAIICHI PHARMACEUTICAL CO., LTD.
Street of Mailing Address:: 14-10, Nihonbashi 3-chome
City of Mailing Address:: Chuo-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 103-8234